



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 BUS SVCS DIV  
 2017 OCT 13 PM 12:10

### Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident office in the State of Rhode Island:

|                                                                                                                                                                                                                 |                              |                                                                                  |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------------------------|---------------------------|
| 1. Entity ID Number<br><b>1337886</b>                                                                                                                                                                           |                              | 2. Exact Name of the Limited Liability Company<br><b>ST Beauregard + Son LLC</b> |                           |
| 3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:                                                                                         |                              |                                                                                  |                           |
| Street Address<br><b>1417 Douglas Avenue</b>                                                                                                                                                                    |                              |                                                                                  |                           |
| City/Town<br><b>North Providence</b>                                                                                                                                                                            | State<br><b>RHODE ISLAND</b> | Zip<br><b>02904</b>                                                              |                           |
| 4. The address of the <b>NEW</b> resident office is:                                                                                                                                                            |                              |                                                                                  |                           |
| Street Address (NOT a P.O. Box)<br><b>2227 Mineral Spring Ave.</b>                                                                                                                                              |                              |                                                                                  |                           |
| City/Town<br><b>North Providence</b>                                                                                                                                                                            | State<br><b>RHODE ISLAND</b> | Zip<br><b>02911</b>                                                              |                           |
| 5. Date when this Statement of Change of Resident Agent will be effective. CHECK ONLY ONE BOX                                                                                                                   |                              |                                                                                  |                           |
| <input checked="" type="checkbox"/> Date received (Upon filing)                                                                                                                                                 |                              |                                                                                  |                           |
| <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____                                                                                                  |                              |                                                                                  |                           |
| Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct. |                              |                                                                                  |                           |
| Name of Authorized Person of the Limited Liability Company<br><b>Stephen J. Beauregard</b>                                                                                                                      |                              |                                                                                  | Date<br><b>10/13/2017</b> |
| Signature of Authorized Person of the Limited Liability Company<br><i>Stephen J. Beauregard</i>                                                                                                                 |                              |                                                                                  | SIGN DOCUMENT HERE        |

#### MAIL TO:

Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED**

**OCT 13 2017**

BY **A.A. 12:04pm**



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

October 13, 2017 12:04 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

